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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M61.12-0570

First Inventor or Application Identifier John Thuneby et al.

Title METHOD OF REPOSTING TRANSACTIONAL DOCUMENTS

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**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-14501. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)2. ☐ Applicant Claims small entity status3. ☒ Specification [Total Sheets 29]

- (preferred arrangement set forth below)
- Descriptive title of the Invention)
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets 10]

5. Oath or Declaration [Total Sheets 2]

a. ☒ Newly executed (original or copy)b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)

- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 Copies); or
  - ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO – 1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☒ Other: Priority Claim

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an  
Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP)

of prior application No: /

Prior application information:

Examiner

Group/Art Unit:

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE**☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

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Date

3/18/04

| <b>FEE TRANSMITTAL</b>   | <i>Complete If Known</i> |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
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|  | Application No.          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | Filing Date              |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | First Named Inventor     | John Thuneby et al.   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | Title                    | METHOD OF REPOSTING TRANSACTIONAL DOCUMENTS   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | Group Art Unit           |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | Examiner Name            |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Total Amount of Payment    \$ 770 and \$40   | Atty. Docket Number      | M61.12-0570   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>METHOD OF PAYMENT (Check One)</b>   |                          | <b>FEE CALCULATION (Continued)</b>  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> .<br>Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Checks Enclosed  |                          | <b>3. ADDITIONAL FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity<br/>Fee</th> <th style="text-align: left;">Small Entity<br/>Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee<br/>Paid</th> </tr> <tr> <th>Code    (\$)</th> <th>Code    (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051      130</td> <td>2051      65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052      50</td> <td>2052      25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053      130</td> <td>1053      130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812    2,520</td> <td>1812    2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251      110</td> <td>2251      55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252      420</td> <td>2252      210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253      950</td> <td>2253      475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254    1,480</td> <td>2254      740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255    2,010</td> <td>2255    1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402      330</td> <td>2402      165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403      290</td> <td>2403      145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814      110</td> <td>2814      55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452      110</td> <td>2452      55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453    1,330</td> <td>2453    665</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501    1,330</td> <td>2501    665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502      480</td> <td>2502    240</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460      130</td> <td>1460      130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807      50</td> <td>1807      50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806      180</td> <td>1806      180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021      40</td> <td>8021      40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td style="text-align: right;">\$40</td> </tr> <tr> <td colspan="4">Other Fee (specify) _____</td> </tr> </tbody> </table> | Large Entity<br>Fee | Small Entity<br>Fee                                     | Fee Description | Fee<br>Paid       | Code    (\$) | Code    (\$) |     |     | 1051      130 | 2051      65 | Surcharge - Late filing fee or oath |        | 1052      50 | 2052      25    | Surcharge - Late provisional Filing Fee or cover sheet |     | 1053      130 | 1053      130 | Non-English specification                              |      | 1812    2,520 | 1812    2,520 | For Filing a Request for Reexamination. (ex parte) |  | 1251      110 | 2251      55 | Extension for reply within first month |     | 1252      420                               | 2252      210 | Extension for reply within second month |      | 1253      950 | 2253      475                                   | Extension for reply within third month |    | 1254    1,480 | 2254      740 | Extension for reply within fourth month                 |  | 1255    2,010 | 2255    1,005 | Extension for reply within fifth month |  | 1402      330 | 2402      165 | Filing a brief in support of an appeal |  | 1403      290 | 2403      145 | Request for oral hearing |  | 1814      110 | 2814      55 | Terminal Disclaimer Fee |  | 1452      110 | 2452      55 | Petition to Revive - unavoidable |  | 1453    1,330 | 2453    665 | Petition to Revive - unintentional |  | 1501    1,330 | 2501    665 | Utility/Reissue issue fee (inc. advance copies) |  | 1502      480 | 2502    240 | Design issue fee (inc. advance copies) |  | 1460      130 | 1460      130 | Petitions to the Commissioner |  | 1807      50 | 1807      50 | Petitions related to provisional applications |  | 1806      180 | 1806      180 | Submission of Information Disclosure Statement |  | 8021      40 | 8021      40 | Recording each patent assignment per property (times number of properties) | \$40 | Other Fee (specify) _____ |  |  |  |
| Large Entity<br>Fee  | Small Entity<br>Fee      | Fee Description   | Fee<br>Paid         |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Code    (\$)   | Code    (\$)             |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1051      130  | 2051      65             | Surcharge - Late filing fee or oath   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1052      50   | 2052      25             | Surcharge - Late provisional Filing Fee or cover sheet  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1053      130  | 1053      130            | Non-English specification   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1812    2,520  | 1812    2,520            | For Filing a Request for Reexamination. (ex parte)  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1251      110  | 2251      55             | Extension for reply within first month  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1252      420  | 2252      210            | Extension for reply within second month   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1253      950  | 2253      475            | Extension for reply within third month  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1254    1,480  | 2254      740            | Extension for reply within fourth month   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1255    2,010  | 2255    1,005            | Extension for reply within fifth month  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1402      330  | 2402      165            | Filing a brief in support of an appeal  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1403      290  | 2403      145            | Request for oral hearing  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1814      110  | 2814      55             | Terminal Disclaimer Fee   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1452      110  | 2452      55             | Petition to Revive - unavoidable  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1453    1,330  | 2453    665              | Petition to Revive - unintentional  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1501    1,330  | 2501    665              | Utility/Reissue issue fee (inc. advance copies)   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1502      480  | 2502    240              | Design issue fee (inc. advance copies)  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1460      130  | 1460      130            | Petitions to the Commissioner   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1807      50   | 1807      50             | Petitions related to provisional applications   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1806      180  | 1806      180            | Submission of Information Disclosure Statement  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 8021      40   | 8021      40             | Recording each patent assignment per property (times number of properties)  | \$40                |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Other Fee (specify) _____  |                          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>FEE CALCULATION</b>   |                          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>1. BASIC FILING FEE</b>   |                          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 770</b></td> </tr> </tbody> </table>   |                          | Large Entity  |                     | Small Entity  |                 |                   | Fee          | Fee          | Fee | Fee |               | Code         | (\$)                                | Code   | (\$)         | Fee Description | 1001   | 770 | 2001          | 385           | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340           | 2002          | 170  | <input type="checkbox"/> Design Filing Fee | 1004          | 770          | 2004                                   | 385 | <input type="checkbox"/> Reissue Filing Fee | 1005          | 160                                     | 2005 | 80            | <input type="checkbox"/> Prov. Filing Fee       | <b>Subtotal (1) \$ 770</b>             |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Large Entity   |                          | Small Entity  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Fee  | Fee                      | Fee   | Fee                 |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Code   | (\$)                     | Code  | (\$)                | Fee Description   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1001   | 770                      | 2001  | 385                 | <input checked="" type="checkbox"/> Utility Filing Fee  |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1002   | 340                      | 2002  | 170                 | <input type="checkbox"/> Design Filing Fee              |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1004   | 770                      | 2004  | 385                 | <input type="checkbox"/> Reissue Filing Fee             |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1005   | 160                      | 2005  | 80                  | <input type="checkbox"/> Prov. Filing Fee               |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>Subtotal (1) \$ 770</b>   |                          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>2. EXTRA CLAIM FEES</b>   |                          |   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number<br/>Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from<br/>Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>16</td> <td>20</td> <td>0</td> <td>18</td> <td>0</td> </tr> <tr> <td>Indep.</td> <td>2</td> <td>3</td> <td>0</td> <td>86</td> <td>0</td> </tr> </tbody> </table>   |                          |   | Number<br>Claims    | Prior**   | Extra           | Fee from<br>Below | Fee Paid     | Total        | 16  | 20  | 0             | 18           | 0                                   | Indep. | 2            | 3               | 0  | 86  | 0             |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
|  | Number<br>Claims         | Prior**   | Extra               | Fee from<br>Below                                       | Fee Paid        |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Total  | 16                       | 20  | 0                   | 18  | 0               |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Indep.   | 2                        | 3   | 0                   | 86  | 0               |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Multiple Dependent Claims<br><br>** Insert 3 and 20, or number previously paid if greater; Reissue see below<br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Description</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |                          | Large Entity  |                     | Small Entity  |                 |                   | Fee          | Fee          | Fee | Fee | Description   | Code         | (\$)                                | Code   | (\$)         |                 | 1202   | 18  | 2202          | 9             | Claims in excess of 20                                 | 1201 | 86            | 2201          | 43   | Independent claims in excess of 3          | 1203          | 290          | 2203                                   | 145 | Multiple Dependent Claims                   | 1204          | 86                                      | 2204 | 43            | Reissue Independent Claims over Original Patent | 1205                                   | 18 | 2205          | 9             | Reissue claims in excess of 20 and over original patent |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Large Entity   |                          | Small Entity  |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Fee  | Fee                      | Fee   | Fee                 | Description   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| Code   | (\$)                     | Code  | (\$)                |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1202   | 18                       | 2202  | 9                   | Claims in excess of 20                                  |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1201   | 86                       | 2201  | 43                  | Independent claims in excess of 3                       |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1203   | 290                      | 2203  | 145                 | Multiple Dependent Claims                               |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1204   | 86                       | 2204  | 43                  | Reissue Independent Claims over Original Patent         |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| 1205   | 18                       | 2205  | 9                   | Reissue claims in excess of 20 and over original patent |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |
| <b>Subtotal (2) \$ 0</b>   |                          | <b>Subtotal (3) \$ 40</b>   |                     |   |                 |                   |              |              |     |     |               |              |                                     |        |              |                 |  |     |               |               |  |      |               |               |  |  |               |              |  |     |   |               |   |      |               |   |  |    |               |               |   |  |               |               |  |  |               |               |  |  |               |               |                          |  |               |              |                         |  |               |              |                                  |  |               |             |                                    |  |               |             |   |  |               |             |  |  |               |               |                               |  |              |              |   |  |               |               |  |  |              |              |  |      |                           |  |  |  |

Signature   
 (Brian D. Kaul)

Reg. No. 41,885

Date 3-18-2004

Deposit Account No. 23-1123